I. AMENDMENT

Amendments to the Claims:

The following listing reflects the currently pending claims. No amendments are made herein.

1. (Previously presented) A method of treating chronic lymphocytic leukemia in a human subject, said method comprising administering to said subject at least one cycle of concurrent therapy with an anti-CD52 antibody and an interleukin-2 (IL-2), wherein said IL-2 is des-alanyl-1, serine 125 human interleukin-2 and said anti-CD52 antibody is Alemtuzumab.

2-5. (Canceled)

6. (Previously presented) The method of claim 1, wherein said cycle comprises administering a therapeutically effective dose of the anti-CD52 antibody according to a weekly, twice-weekly, or thrice-weekly dosing schedule in combination with administration of a constant IL-2 dosing regimen, said constant IL-2 dosing regimen comprising administering a total weekly dose of the IL-2 to said subject.

7. (Previously presented) The method of claim 6, wherein a first dose of the IL-2 is administered to said subject concurrently with a first dose of the anti-CD52 antibody.

8. (Previously presented) The method of claim 7, wherein a first dose of the IL-2 is administered to said subject one week after a first dose of the anti-CD52 antibody is administered to said subject.

9-12. (Canceled)

13. (Original) The method of claim 6, wherein one or more subsequent cycles of

concurrent therapy with IL-2 and anti-CD52 antibody is initiated about 1 month to about 6 months following completion of a first cycle or completion of any subsequent cycles of concurrent therapy with IL-2 and anti-CD52 antibody.

14. (Original) The method of claim 13, wherein T-cell counts are monitored in said subject to determine when each of said cycles is initiated, said cycles being initiated when T-cell count is less than 80% of the T-cell count at the conclusion of any previous cycle of concurrent therapy with an IL-2 and an anti-CD52 antibody.

15. (Previously presented) The method of claim 6, wherein said total weekly dose of an IL-2 is in an amount that provides at least 50% of the NK stimulatory activity of a total weekly dose of Aldesleukin administered in a range of from about 1100 μg to about 2565 μg.

16-39. (Canceled)